Hospital CRM readiness checklist

Is your hospital ready to implement a CRM?

Who it's for. For marketing, digital, contact-centre and IT leaders deciding whether a hospital or group is ready to implement a CRM.

How to use. Answer each line yes, partly or no, with evidence. Any no in the identity or consent sections is a blocker. Use the gaps to write requirements, not to shortlist products.

SECTION 01

Purpose and scope

- [ ] Write down the three problems the CRM must solve, in one sentence each
  If the answer is "better dashboards", you are not ready.
- [ ] Agree what the CRM will not do: it is not the clinical record or the billing system
- [ ] Decide the first use cases: enquiry capture, follow-up, confirmations, repeat care reminders
- [ ] Decide scope: one unit first, or the whole group, and which service lines
- [ ] Agree what success looks like in operational terms, such as fewer uncontacted enquiries

SECTION 02

Data sources

- [ ] List every enquiry source: calls, missed calls, forms, chat, messaging, listings, aggregators, walk-ins, referrals
- [ ] List where patient and appointment data live: HIS, appointment system, billing, lab, pharmacy
- [ ] Note the owner, format and update frequency of each source
- [ ] Identify sources held only in spreadsheets, personal phones or agency dashboards
  These are where enquiries disappear, and where consent is usually missing.
- [ ] Confirm you can legally and contractually extract data from each source, including agency-run platforms

SECTION 03

Enquiry capture and definitions

- [ ] Agree a single definition of an enquiry, and of a duplicate enquiry
- [ ] Agree the stages an enquiry moves through, from new to honoured or closed
- [ ] Agree a fixed list of reasons for closure: not reachable, booked elsewhere, price, TPA, no slot, not needed
- [ ] Confirm every enquiry will get a source and campaign tag at capture, not later
- [ ] Decide how offline enquiries such as walk-ins and referral calls will be logged
- [ ] Test the definitions on a week of real enquiries before configuring anything

SECTION 04

Identity and deduplication

- [ ] Decide the matching key: mobile number, patient ID, or a combination
  Families often share one number; plan for several patients per phone.
- [ ] Check how names are spelt across systems, including regional-language and transliterated names
- [ ] Agree rules for merging duplicates and who approves merges
- [ ] Confirm how the CRM will link an enquiry to a patient ID once registered in the HIS
- [ ] Estimate how much historic data needs cleaning before migration, and budget for it

SECTION 05

Consent and privacy (DPDP)

- [ ] Record consent per patient: what they agreed to, when, how, and for which purposes
  Take legal advice; this checklist is not legal guidance.
- [ ] Write plain-language notices in English and the regional languages you serve
- [ ] Separate consent for appointment communication from consent for marketing
- [ ] Make withdrawal easy and ensure it applies across every channel and unit
- [ ] Define who can see what: role-based access, with clinical details excluded unless essential
- [ ] Set retention and deletion rules for enquiries that never became patients
- [ ] Check that vendors and agencies processing the data have matching contractual terms

SECTION 06

Integration with hospital systems

- [ ] Confirm the HIS and appointment system can share appointments, arrivals and cancellations
- [ ] Decide which fields flow into the CRM, and keep clinical detail out unless needed
- [ ] Confirm how often data will sync and what happens when a sync fails
- [ ] Plan telephony and messaging integration so calls and chats log automatically
- [ ] Identify who in IT owns each integration and its maintenance after go-live
- [ ] Check whether each unit in a multi-unit group runs the same HIS version and configuration

SECTION 07

Ownership, adoption and reporting

- [ ] Name one business owner accountable for enquiry-to-appointment outcomes, not just the system
- [ ] Confirm contact-centre leadership agrees to work in the CRM, not beside it
- [ ] Plan training by role, in the languages agents use
- [ ] Define the weekly report: enquiries, contact time, booked, honoured, lost by reason, by unit
- [ ] Agree how reporting will reconcile with finance and front-office numbers

- [ ] Budget for ongoing administration, not only implementation

A CLOSING NOTE

A CRM makes an enquiry process visible; it does not create one. If the definitions, consent and ownership are not settled on paper, settle them there first — it is far cheaper than settling them in configuration.